

to make these decisions, and then we say, oh, I'm sorry, we can't do anything when care is denied because when you have \$575 billion less, and 3 million more people added per year, that's 30-something million people in 10 years, you know what that leads to, Mr. FLEMING.

It leads to a rationing of care. Decreased access. And if you have decreased access to your primary care provider, it means decreased quality of your care and the cost is going up. That's what's going to happen with this plan. That's why it's imperative, not just Medicare, but that we overturn the Affordable Care Act because it's not good medicine for patients.

If we simply had been included in the debate, this would not be a plan that you had to run through and get rid of the 1099 form, the IPAB. It's a bipartisan bill now with 214 bipartisan cosponsors. Those folks realize it's a bad idea. I could go on and on and on.

One of the good parts of the Affordable Care Act, let's point it out, it costs more money, but allowing a 26-year-old to stay on their parents' health care plan, that's a great idea unless your parents are not paying the bill. Currently, if a young person, 22 or 23 years old, gets health care, they'll pay one-sixth what I do. Now what happens with this, it has to be a three-to-one ratio, so their health insurance plan costs double.

We could go on and on about the inconsistencies. I think the previous Speaker, the current minority leader, had it right when she said let's pass it and then find out what's in it. Well, I read it, as most of us physicians did, and we found out all of the things that were in there that were not good for our patients. We're just now discovering it's going to be more costly for businesses out there, and we need to have an entire hour on that.

Mr. FLEMING. I thank the gentleman. Before I recognize another Member in the last minute or two that we have, I would just like to say that we are going to be having a lot more of these sessions. So we've just started. We've just scratched the surface. We're running out of time, so just to wrap things up, we have just barely scratched the surface. And these are not all the physicians or health care workers we have on our side. There are others here who could have been here, but had some other commitment tonight, but will be here next time.

I would love to talk more on IPAB. Even many Democrats see that was a very big mistake. It will be one way that you can get the door closed on your health care and getting the right sort of care in the future.

I thank everyone for being here tonight, and I look forward to doing it again very soon. God bless you all.

I yield back the balance of my time.

#### REPEAL OBAMACARE

The SPEAKER pro tempore (Mr. GOWDY). Under the Speaker's an-

nounced policy of January 5, 2011, the gentleman from Iowa (Mr. KING) is recognized for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it's an honor to be recognized to address you here on the floor of the United States House of Representatives. And I want to say that I appreciate the presentation that came from just some of the great team of doctors that we have here, especially on the Republican side of the United States Congress. I occasionally sit with these learned individuals, and I learn a lot from them, and I'm grateful that the American people have been able to review their presentation here tonight, looking at the numbers and the dollars that have come out of the health care because of this great burden of ObamaCare.

You know, I was thinking of the necessity for us to continue to remind Americans, ObamaCare is right now the law of the land. It is the law of the land. And until such time as this Congress repeals it or the Supreme Court should find it to be completely unconstitutional, it will remain the law of the land.

Mr. Speaker, the American people need to be reminded that even though it's creeping in on us, and people are realizing what ObamaCare is doing, a few people at a time, it is an insidious creep of a malignant tumor that is metastasizing and consuming American liberty, and it has to go.

If we look back at the special elections in Ohio 2 or 3 weeks ago, on it were several ballot initiatives. The second ballot initiative was one that rejected the collective bargaining initiative that had been initiated by Governor Kasich. It was a tough loss for Governor Kasich. I think he was right, but he lost in the ballot place because there was a liberal-heavy, union-heavy turnout in the State of Ohio for that special election night 2 or 3 weeks ago. And by 61 percent, the Kasich-initiated ballot initiative that limited collective bargaining was shot down by a union-heavy, liberal-heavy turnout. And they spent a lot of money in Ohio to turn out that type of a base.

But in the same ballot, the next item down, ballot initiative No. 2 was collective bargaining. No. 3 was a constitutional amendment to amend the Constitution of the State of Ohio to protect Ohioans from ObamaCare, to be able to reject the individual mandate and a whole series, about three different points there, to amend the constitution to protect Ohioans from the ObamaCare mandate.

□ 2010

And, with a union-heavy, liberal-heavy turnout in Ohio in which 61 percent said "no" to Governor Kasich on collective bargaining, sixty-six percent of that voting universe voted to protect Ohioans from ObamaCare and to reject ObamaCare by amending their State constitution. That's a serious step, to step forward and amend the State constitution. But they did so in

an effort to reject ObamaCare in the State of Ohio.

Now, Mr. Speaker, that is a resounding rejection, that two out of every three people that went to the polls rejected ObamaCare. I will tell you that the American people are poised to do so if they're reminded that it exists out there. And there are two things that protect the American people, two stops along the way that can keep ObamaCare from becoming the perpetually institutionalized permanent law of the land, and that would be when the Supreme Court hears the case and yields a decision. I would remind you, Mr. Speaker, that there is no severability clause in all 2,600 pages of ObamaCare. No severability clause.

What that means to the lay person is this: If a component of ObamaCare is found unconstitutional by the Supreme Court, then all of ObamaCare is thrown out by the Supreme Court. There's no provision that stipulates that if a component is unconstitutional, then the other components will stand on their own.

That is not just an ignorant omission on the part of the people that drafted and promoted and voted for ObamaCare. They knew it didn't have a severability clause in it. I knew it didn't have a severability clause in it. That means every Member of Congress had the opportunity to know that it didn't have a severability clause. So Congress willfully and intentionally passed an ObamaCare piece of legislation that didn't provide that if a part of it is found to be unconstitutional, the balance of it would be found to be constitutional. And the important component of that then, Mr. Speaker is this. If a part is found unconstitutional, it's all unconstitutional, and all 2,600 pages of ObamaCare then, by a Supreme Court decision, will be rendered null and void.

Yes, Mr. Speaker, there are exceptions to those types of decisions by the Supreme Court. But generally speaking, the court honors and respects a willful decision of the legislative branch. If that willful decision is that there be no severability clause, the Supreme Court should understand that that wasn't an accident. It was an unintentional omission. It was a willful omission because the drafters and the proponents of ObamaCare, of which I am not one, understood that if a part of it is found to be unconstitutional, the rest of it collapses anyway of its own weight.

The components of this that prop up ObamaCare are cutting that \$575 billion out of Medicare to fund other parts of ObamaCare and then ending Medicare Advantage. The individual mandate that's in there, all of this is delicately drafted to try to find a way to argue that it could be paid for. And of course, they discovered that the CLASS Act in ObamaCare couldn't sustain itself. The numbers that they had advanced to try to pass it aren't sustainable. And so the administration

has decided they're not going to move forward with the CLASS Act, this piece that is, let's say, retirement home insurance funded out of ObamaCare. They thought that was going to save money; they found out that it was going to cost money. So they'll drop that.

This Congress has passed a couple of repeals of pieces of ObamaCare. One of them is, out of this House at least, is the 1099 squeal form piece of ObamaCare. So it's been taken apart to some degree. And the underpinnings of ObamaCare are starting to cause it to crumble. If the Supreme Court finds any part of it unconstitutional, Mr. Speaker, they will be well aware that no severability clause does not indicate an omission by accident on the part of Congress; that somehow the Supreme Court would re-create on a decision by the Supreme Court. They need to know it was a willful decision, it was premeditated, it was thought out, and the decision was no severability clause because ObamaCare, if any part of it is taken out by it being found unconstitutional—and I believe there are about four areas where it is unconstitutional—then all parts of ObamaCare must go.

I appreciate the doctors that came to the floor tonight to educate the American people on the bad components of ObamaCare. I would like to encourage, Mr. Speaker, the American people to know that we are focused on repealing 100 percent of ObamaCare; ripping it all out by the roots and leaving not one vestige of it left behind, not one particle, not one sign of its DNA. Because if we leave any component of ObamaCare, it will grow back on us like the roots of a bad weed and/or the virus, or the malignant tumor, as I said. I would ask the doctors this. You take out a malignant tumor. If you leave part it, it will grow back. I don't want to leave one part of this malignant tumor of ObamaCare. I want American liberty to thrive. So ObamaCare must go.

Ohioans have rejected it by roughly a 2-1 margin—66 percent. And Ohio is middle America. If you're going to win the Presidency, you must win Ohio. President Obama knows that. That's why he visits Ohio as often as he does with Air Force One. Or, did we call that Fundraiser One. He visits these swing States—about 11 swing States—with the President of the United States flying in and out with Air Force One. Yes, just propping up public policy—no, not campaigning, according to his press secretary. We all know better.

The criticism that came from the Democrats because George Bush dropped into some States that were swing States on Air Force One now becomes the responsibility of Republicans to remind the Democrats that the next time this happens, you will be hypocrites. You actually should retract your statements now to prepare yourself for the incumbent President that will be campaigning around on Air

Force One, dropping in some of these places and advancing policy in 2016. So prepare yourselves, gentlemen. Scrub it out of your history now. Recant the things you said about George W. Bush. That way you can defend the President today, and then you won't be such hypocrites in 2013, as I predict you will be. Sure, I would be happy to yield if you had an opinion on that, but I know that you know I'm right and accept that.

So, the job of this Congress, the job of the American people, is this: To maintain people here in the House of Representatives who are pledged to, committed to, and will pass a repeal of ObamaCare again and send it over to the United States Senate, where I'm asking, Mr. Speaker, for the American people to put Senators over there that will also vote to repeal ObamaCare, pledge to do so, and pledge to drive it and push it and use every fiber of their being to rip that malignant tumor, ObamaCare, out of the Federal Register, out of the code, and give people back their American liberty. It's not enough to trust the Supreme Court to make a constitutional decision and sit back on our hands and think that somehow the court is going to save us.

I remember what happened when McCain-Feingold passed and then went to the President's desk. That was President Bush. And the word that came back—and this is rumor and conjecture, Mr. Speaker—was that the President had decided that he would sign the bill because it had such momentum when it got there and political support when it got there because he expected the Supreme Court would find McCain-Feingold to be unconstitutional.

Well, over time, and thanks to Citizens United and their lawsuit, parts were found to be constitutional—not all of it—and the limits that were put on free speech within that were freed up to the degree that they were litigated by Citizens United. I congratulate the people that had the vision to take it to the Supreme Court and win the case there. But no executive officer and no Member of this legislature, the House or the Senate—and, Mr. Speaker, I would send a message also to all legislators in the land, everyone in the statehouse in all 50 States, be you in the State house or the State senate, or in Nebraska in the unicameral, never vote for a bill because you believe that the court will find it to be unconstitutional and protect the citizens from a bad policy or an unconstitutional policy.

Mr. Speaker, we take an oath to uphold the Constitution of the United States. That oath that we take is to preserve, protect, and defend the Constitution of the United States to the words and the language that are in the Constitution, not as it would be reinterpreted by someone else—a court-to-be, let's say, appointed later by an executive-to-be elected later to amend by court decision the clear meaning of this Constitution.

I'd give an example of this. In fact, the discussion came up today in the Judiciary Committee with Congressman SENSENBRENNER of Wisconsin's bill that goes back to protect the property rights within the States and prohibits Federal funds going into certain programs of States that violate the intent and the literal language of the Fifth Amendment of the United States Constitution.

The famous Kelo decision, Mr. Speaker, I recall that unfolding here in about 2004 or 2005, when I believe it was the city council of New London, Connecticut, had decided that they would condemn property that was owned privately through eminent domain and then hand that property over to another private interest to be developed for a shopping mall or a strip mall because they believed that they would get a better tax base and get a better return than they were from the individual that owned the land.

□ 2020

Now, it directly and clearly violated, in my opinion—and I'll put my opinion up against any Supreme Court Justice that disagrees with me on this issue in particular—the clear language in the Fifth Amendment of the Constitution that protects our property rights and is an essential pillar of American exceptionalism, the right to property.

It says: "Nor shall private property be taken for public use without just compensation." "Nor shall private property be taken for public use without just compensation." And the effect of the Kelo decision by the Supreme Court, which I believe was unjustly found, is to strike three words out of the Fifth Amendment in the Constitution of the United States, the words: "for public use." So, now the effect, after this wrongly held Kelo decision, is for the Fifth Amendment to read this way: "Nor shall private property be taken without just compensation." The "for public use" taken out of the Fifth Amendment.

This Constitution has to mean what it was understood to mean at the time of ratification. It has to mean what the clear words mean in this Constitution. It can't be anything else. We can't take an oath to anything else, and we can't be bound by a later interpretation to the Constitution that someone else makes unless there is a clarity that's added to the understanding of the plain meaning and the plain words and the original text of the Constitution and the amendments as they were ratified.

What did they mean when they were ratified? Mr. Speaker, we had a supreme court in the State of Iowa that concluded that they could find rights in the State constitution that were "up to this point unimagined." Seriously, judges wrapped in black robes—no longer any wigs—sitting there saying that they had found rights in the constitution that were up to this point unimagined, and that somehow this contractual guarantee that gets passed

down through the generations and the ages, this contract with American citizenship—with Iowan citizenship in that case—can be breached because they have found rights that were up to this point unimagined? Heretofore unimaginable rights.

What kind of guarantee can there be, a court that can discover new rights out of their imagination and declare that no one else had the imagination to discover those rights, but they had the vision to discover rights that were in this Constitution but not discovered before? That says there's no guarantee whatsoever. That says this Constitution becomes just only one of two things: it becomes an artifact of history with no meaning whatsoever, or it's a shield that the Justices can use to protect themselves from the criticism of the unwashed masses, those laypersons that think that they can't read this clear language and understand it.

Mr. Speaker, I'll say the people I represent can read the Constitution. They do understand it. They understand what it means. And they can make the argument with the Supreme Court Justices if they were not intimidated. If they would just read the language, go to the Fifth Amendment, read the language, "Nor shall private property be taken for public use without just compensation."

What does "for public use" mean if a local government can confiscate private property and hand it over to another private entity for the purposes of private use? That means they have violated the Constitution. And the bill before the Judiciary Committee today, thanks to Chairman SMITH and former Chairman JIM SENSENBRENNER, fixes that to some degree; but it doesn't repair this Constitution that is so sacred to all of us that we take an oath to it.

And so I'll continue my oath and pledge to this Constitution, Mr. Speaker, and continue to make this point that we have to have constitutional legislation come before this Congress; that when someone brings a bill called ObamaCare to this floor—2,600 pages—that violates so many of the components of the constitutional guarantee, let alone sapping the vitality from this very vigorous American culture that we are, the American people rise up.

They rose up in tens of thousands, came to this Capitol and surrounded the place, jammed the place so heavily that people had trouble getting in and getting out. It was a glorious thing to see, Mr. Speaker, that the American people love their liberty enough that they would come from all 50 States to jam this Capitol to say to us, do not do this. Do not commit this affront to the Constitution. Do not usurp American liberty. These are God-given rights.

And who takes them away? This Congress that was led by then-Speaker PELOSI and HARRY REID in the Senate and Barack Obama. The ruling troika imposed ObamaCare on us, and the American people have rejected it re-

soundingly by sending now 89 freshman Republicans to the House of Representatives. And every one of them pledged to repeal ObamaCare. And all but two of them—because they haven't had a chance to do so yet, they're the special election two—every single Republican in the House and every single Republican in the Senate voted to repeal ObamaCare. And it was bipartisan. Some of the Democrats in the House voted to repeal ObamaCare.

The message has been sent. It's been sent in the State of Ohio; it's been sent by the polling. It goes on and on and on: repeal ObamaCare. Now, every Presidential candidate on the Republican side is running on repealing ObamaCare. Every one of them will sign the repeal if they're elected President and sworn into office.

Now, I'd like to see us put the repeal of ObamaCare, if we can't get it passed before such time as we elect a new President, whom I believe will be inaugurated January 20, 2013, if we can't get ObamaCare completely repealed before then, and whether or not the Supreme Court finds it unconstitutional, honors that there is no severability clause, and throws all of ObamaCare out, it's still exists within the code and it still needs to be repealed.

And the next Congress, being an honorable Congress, needs to send a repeal to the next President to be signed. And even if the Supreme Court throws it out, and even if the current President is reelected, there needs to be a repeal that goes to second-term President Obama's desk—I perish the thought if it unfolds in that fashion. But this Congress needs to act and repeal ObamaCare thoroughly.

And I pray that we're able to put the repeal of ObamaCare on the podium, on the west portico of the Capitol, January 20, 2013, having passed the House and the Senate, not messaged to the White House, messaged to the podium on the west portico of the Capitol, moments—maybe the instant after the next President takes the oath of office. And at the words "so help me God," I'd like to see the next President sign the repeal before he or she shakes the hand of Chief Justice Roberts, who will be delivering the oath of office to the next President of the United States. We have constitutional responsibilities that we have to live up to. We give an oath. ObamaCare violates that Constitution.

And we have some other things going on here in this government that violate the spirit of the statutes that the American people have pushed through here. And one of them is this. It's the advocacy, Mr. Speaker, of this: I've got a memo in my hand. It's dated 13 April, 2011 from the Chief of the Chaplains of the Navy to Chaplains and Religious Program Specialists. It says this: Go ahead, you Navy chaplains. You go ahead and conduct same-sex marriage services on our military bases anywhere where it's not otherwise illegal.

That's the summary of it. It says that facility usage is determined by

local policies. And the Region Legal Service Office, the RLSSO, should be consulted to ensure compliance with existing laws and regulations, absent some existing statute, however. This is a change to previous training that stated same-sex marriages are not authorized on Federal property. This memo says they are now authorized on Federal property in direct contradiction with the Defense of Marriage Act, DOMA, that was passed by this Congress, signed into law, clearly is the law of the land.

I mean, we have, apparently, a directive from the Commander in Chief of the United States military, Barack Obama. He surely has to be the one that has ordered the Navy, you shall send out a memo here to direct the chaplains to conduct same-sex marriages on the bases unless there is some other law that gets in the way. I think that this kind of activity is an affront to the legislative authority that exists by the Constitution within the legislature. This is not an executive decision. This is a decision of the legislature.

□ 2030

We passed the Defense of Marriage Act. I testified to defend the Defense of Marriage Act over in the United States Senate a month or so ago. And if the Senate were able to pass a repeal of the Defense of Marriage Act, it still has to come to the House, where I'm confident it would not pass. And I don't think it'll pass the Senate either.

But in any case, we have a defiance of Federal policy set by the Congress, signed by the President of the United States, from the Office of the Chief of the Navy Chaplains, dated 13 April 2011, that says, don't be biased by sexual orientation when you're conducting weddings. Go ahead and marry same-sex people on these military bases anywhere where it doesn't otherwise violate a law.

That tells me that that goes worldwide, bases everywhere. I suppose it's probably not happening on a base in Kuwait. They might frown on such a thing, but I don't know, and it's hard to get the facts on this.

But it's hard for me also to imagine a Marine—a Navy chaplain marrying a couple of marines, let's say a same sex couple of marines, whichever sex it might be. And this is going on in the United States of America and on bases around the country, Mr. Speaker, and it needs to come to an immediate halt.

This Congress has acted on this. This House has sent the message, and of course you have the Senate on the other side, run by HARRY REID, one-third of the former ruling troika that now becomes a shield for the President of the United States and the person who carries the water for the President, protects him when he doesn't want to have the confrontation himself. They've gone the other way. Now they've stricken the language out of the code. If the Senate language passes the House, they've stricken the language that prohibits bestiality in the

military in their overzealous effort to try to advance same-sex marriage among our military and use it as a social experiment.

The military's job is to protect our freedom and our liberty. They take an oath to the Constitution. They put their lives on the line, and we give them something that defies the Federal law, the Defense of Marriage Act.

Now, this is bad enough, Mr. Speaker, and I'm going to ask to introduce this into the RECORD. I know that I have the, I guess I'll say the privilege to do that. I will go on to another subject matter here that's—I don't know if it's more egregious, but it's plenty bad.

This is a memo dated September 14, 2011, Department of the Navy, Walter Reed National Military Medical Center up on Wisconsin Avenue, Bethesda, Maryland. I visited up there and visited wounded a number of times. And this memo is from the Commander of Walter Reed National Military Medical Center. Subject: Wounded, Ill and Injured Partners in Care Guidelines. Policy Memo Number 10-015. And there's a bunch of other stamped numbers that do reference off of the Web site. And it gives some directive about the purpose, applicability, official of wounded, ill and injured partners visits, how they should be conducted, et cetera.

And policy, according to Patient and Family Centered Care, Mr. Speaker, children in good health under the age of 18 are encouraged to participate. It goes on. Here's how the families should conduct themselves in visiting the wounded. Here's the intensive care units, how we would do that.

Here are exceptions, visits before or after the established hours, how that might work. And then visitation for certain kind of patients, et cetera. Those visiting the WII in an official capacity will make their request 5 days in advance, getting to the goal line.

A number of these provisions, as I read through here, the family, the leadership, members of the executive—this memo directs towards the executive, the legislative, and the judiciary branches of government? Members of the executive, legislative, to include professional staff members, judiciary, active duty, general, flag and senior executive service personnel. It's telling all of us, Members of Congress, the President and all of his people, the judiciary, the judges, the judiciary branch and all of their staff—well, at least the legislative staff—what we can and can't do when we visit the wounded at Walter Reed, including active duty general, flag and senior executive services, celebrities, sports personnel, et cetera, members of the press. All these people that are listed, here's what you can and can't do.

Now, I'll get to my point here on the last page, Mr. Speaker, partners in care guidelines. That's all of us bound by this memo, supposedly. All family visits must be scheduled 5 days in advance, as I said. Group size can't be over five. All partners under the age of

18 must be accompanied by an adult. Okay. Fine. I'm good enough with that. Can't take pictures unless the patient agrees. Fine with that.

Due to dietary restrictions and infectious disease protocols, the distribution of home-produced baked goods to the patients, families, and staff members is prohibited. You can't bring cookies to the patient. Ooh, that's tough.

But I wouldn't be standing here if that was the worst thing, Mr. Speaker. That's Item E. I went A, B, C, D, E.

Here's Item F, and I'll read it into the RECORD. "No religious items, (i.e., Bibles, reading material and/or artifacts) are allowed to be given away or used during a visit."

Mr. Speaker, these military men and women who are recovering at Walter Reed and Bethesda have given their all for America. They've given their all for America, and they've defended and taken an oath to the Constitution, and here they are. The people that come to visit them can't bring a religious artifact? They can't bring a Bible? They can't use them in the services? A priest can't walk in with the Eucharist and offer communion to a patient who might be on their deathbed because it's prohibited in this memo from the Department of the Navy, the Commander of Walter Reed and signed, Mr. Speaker, in conclusion, by C.W. Callahan, Chief of Staff.

I would also like to introduce this document into the RECORD.

OFFICE OF THE CHIEF  
OF NAVY CHAPLAINS,  
Washington, DC,

From: Chief of Chaplains (OPNAV N097)  
To: Chaplains and Religious Program Specialists  
Subj: Revision of Chaplain Corps Tier 1 Training

1. Chaplain Corps Tier 1 DADT repeal training has been revised. The current version, dated 11 April 2011, has been posted on the Navy and Marine Corps DADT repeal websites. This revised version supersedes all previous versions and should be reviewed in its entirety.

2. During the initial stages of curriculum development, several policy questions were raised related to same-sex marriages. Those questions were forwarded for legal counsel and approval was secured to commence Tier 1 training while awaiting further guidance. Additional legal review concluded that the curriculum did require modification of content related to same-sex marriage issues as found in Vignette 1 and FAQ 5.

a. Regarding the use of base facilities for same-sex marriages, legal counsel has concluded that generally speaking, base facility use is sexual orientation neutral. If the base is located in a state where same-sex marriage is legal, then base facilities may normally be used to celebrate the marriage. This is true for purely religious services (e.g., a chaplain blessing a union) or a traditional wedding (e.g., a chaplain both blessing and conducting the ceremony). Facility usage is determined by local policies and the Region Legal Service Office (RLSO) should be consulted to ensure compliance with existing laws and regulations. This is a change to previous training that stated same-sex marriages are not authorized on federal property.

b. Regarding chaplain participation, consistent with the tenets of his or her religious organization, a chaplain may officiate a same-sex, civil marriage: if it is conducted in accordance with the laws of a state which permits same-sex marriages or union; and if the chaplain is, according to applicable state and local laws, otherwise fully certified to officiate that state's marriages. While this is not a change, it is a clearer, more concise and up to date articulation. Again, consult the Region Legal Service Office (RLSO) to ensure compliance with existing laws and regulations.

3. The revised Chaplain Corps Tier 1 training is posted on the Navy and Marine Corps DADT websites. Those websites are found at: Navy—<http://www.dadtrepal.navy.mil>; Marine Corps—<https://www.manpower.usmc.mil/portal/page/portal/M-RA-HOME/DADT>. All prior versions of the curriculum should be replaced by the current 11 April 2011 version.

4. If you have any questions or require additional information please contact Chaplain Doyle Dunn at (703) 614-4437/[doyle@dunne@navy.mil](mailto:doyle@dunne@navy.mil) or Chaplain Michael Gore at (703) 614-5556/[michael.w.gore@navy.mil](mailto:michael.w.gore@navy.mil).

M.L. TIDD,  
Rear Admiral, CHC, U.S. Navy.

DEPARTMENT OF THE NAVY, WALTER  
REED NATIONAL MILITARY MEDICAL CENTER,

Bethesda, MD, September 14, 2011.

From: Commander, Walter Reed National Military Medical Center

Subj: Wounded, Ill, and Injured Partners in Care Guidelines

Ref: (a) NAVMED Policy Memo 10-015

1. Purpose. To provide guidelines with respect to the presence and participation of families and other partners in care. This document replaces the hospital's previous visitation policies for the Seriously Injured (SI), Very Seriously Injured (VSI), and Wounded, Ill, and Injured (WII) patients. The Walter Reed National Military Medical Center (WRNMMC), Bethesda promotes and supports a patient and family centered approach to care. For the purpose of this instruction, WII patients are those active duty individuals who are wounded, become ill, or who are injured while serving within a combat theater.

2. Applicability. To provide guidance for partners in care as defined by the family of SI, VSI, and WII patients at WRNMMC.

3. Official WII Visits. Other partners in care who wish to visit the WII population will arrange their visit through the Warrior Family Coordination Cell (WFCC) Office of Distinguished Visitation utilizing the "Gold Line" (855) 875-GOLD (4653) and will arrange their visit to fall between the hours of 1000-1500 daily unless other arrangements have been arranged through the WFCC. It is requested, to foster the "Patient and Family Centered Care" milieu within the inpatient environments, visitors refrain from scheduling visits during inpatient quiet hours of 1300-1400 daily.

4. Policy. In keeping with the "Patient and Family Centered Care" philosophy of WRNMMC, families are considered partners within the health care team and are encouraged to care for their loved ones while maintaining good personal health without constraint of set visiting hours.

a. Children. Children in good health under the age of 18 are encouraged to participate in the recovery process with their wounded family member under the direct supervision of an adult family member.

b. Family. WRNMMC uses a broad definition of "family" as defined by each patient. This concept is supported by the American Academy of Family Physicians.

c. Intensive Care Units. Primary next of kin (PNOK) may visit at any time. Other

partners in care may visit if accompanied by the PNOK.

d. Exceptions. Visits before or after the established hours of 1000–1500 and during inpatient quiet hours of 1300–1400 for other partners in care will be reviewed on a case by case basis through the WFCC, attending physician, and charge nurse.

5. SI and VSI Patients. Visitation for the SI and VSI patients who are not WII will be managed at the discretion of the attending physician and respective charge nurse in consultation with the patient. Visitors should be limited to the immediate family or other individuals identified by the patient and/or immediate family. These visits will be coordinated through the appropriate charge nurse prior to being directed to the patient's room.

6. WII Patients. Those visiting the WII in an official capacity will make their request utilizing the WFCC "Gold Line" at (855) 875-GOLD (4653) and will be limited to the hours of 1000–1500 Monday through Friday. To encourage patient and family rest, foster a rehabilitative environment, and accommodate clinical necessities, it is requested visitors refrain from scheduling visits during inpatient quiet hours of 1300–1400 daily. In general, officials visiting the WII population outside the established visiting hours will need prior approval from the WFCC. To ensure an optimal experience, these visits will be scheduled five (5) days prior to the planned date; impromptu or last minute visits to the WII will not be entertained. WII visits include the following partners in care:

- a. Family
- b. Leadership of Title 36 Congressionally Chartered Organizations
- c. Members of the:
  - (1) Executive
  - (2) Legislative—to include Professional Staff Members (PSM)
  - (3) Judiciary
  - d. Active duty General, Flag, and Senior Executive Service (SES).
  - e. Celebrities and sports personnel vetted through the Staff Judge Advocate (SJA).
  - f. Members of the press vetted through the Public Affairs Office (PAO).
  - g. Other partners in care who represent committees who wish to visit the WII from the Veterans of Foreign Wars, American Legion, Fleet Reserve Association, Marine Corps League, Army League, and other similar organizations shall be referred to the WFCC for WII visits.
  - h. Leadership of the Military Coalition and National Military Veterans Alliance.
  - i. Out of town visitors or visitors who cannot come during normal visiting hours shall be referred to the WFCC for patient visits.
  - j. Partners in care representing verifiable 501(c)(3) benevolent organizations wishing to interact with the WII and or provide goods or services will be directed to the WFCC. These organizations will not be allowed unfettered access to the inpatient environment for the purposes of information gathering, solicitation, or donation delivery.

(1) All donations of goods or services to the WII will be coordinated through the WFCC utilizing approved processes, vetting methods, accountability, and delivery.

7. Exceptions. SI, VSI, and WII patients may refuse visitors at any time.

8. Partners in Care Guidelines

- a. All non-family visits must be scheduled five (5) days in advance.
- b. Group size will not exceed five (5).
- c. All partners in care, under the age of 18, must be accompanied by an adult.
- d. Photographs may not be taken before, during, or after the visit without express permission and signed Health Insurance Portability and Accountability Act documentation provided by the PAO and signed

by the patient or PNOK if the patient is incapacitated. At no time will personal identifiable information (PII) or protected health information (PHI) be recorded, retransmitted, and/or utilized in any manner without the express written consent of the patient or their PNOK if incapacitated.

e. Due to dietary restrictions and infectious disease protocols, the distribution of home produced baked goods to the patients, families, or staff members is prohibited.

f. No religious items (i.e. Bibles, reading material, and/or artifacts) are allowed to be given away or used during a visit.

9. Release of Patient Information. All patient information will be released in accordance with reference (a).

C.W. CALLAHAN,  
Chief of Staff.

Mr. Speaker, I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DOYLE (at the request of Ms. PELOSI) for after 4:30 p.m. today on account of medical reasons.

#### ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 394. An act to amend title 28, United States Code, to clarify the jurisdiction of the Federal courts, and for other purposes.

#### ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 37 minutes p.m.), the House adjourned until tomorrow, Friday, December 2, 2011, at 9 a.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

4067. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Importation of French Beans and Runner Beans From the Republic of Kenya Into the United States [Docket No.: APHIS-2010-0101] (RIN: 0579-AD39) received November 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

4068. A letter from the Chief, Planning and Regulatory Affairs Branch, Department of Agriculture, transmitting the Department's final rule — Applying for Free and Reduced Price Meals in the National School Lunch Program and School Breakfast Program and for Benefits in the Special Milk Program, and Technical Amendments [FNS-2007-0023] (RIN: 0584-AD54) received November 15, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4069. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Final Priorities, Requirements, and Selection Criteria; Charter

Schools Program (CSP) Grants for Replication and Expansion of High-Quality Charter Schools [CFDA Number: 84.282M] (RIN: 1855-ZA08) received November 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4070. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Head Start Program (RIN: 0970-AC44) received November 10, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4071. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Beverages: Bottled Water Quality Standard; Establishing an Allowable Level for di(2-ethylhexyl)phthalate [Docket No.: FDA 1993-N-0259 (Formerly Docket No.: 1993N-0085)] received November 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4072. A letter from the Chief, Policy and Rules Division, Federal Communications Commission, transmitting the Commission's final rule — Amendment of Part 15 regarding new requirements and measurement guidelines for Access Broadband over Power Line Systems; Carrier Current Systems, including Broadband over Power Line Systems [ET Docket No.: 04-37] [ET Docket No.: 03-104] received November 15, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4073. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Amendment of Section 73.622(i), Post-Transition Table of DTV Allotments, Television Broadcast Stations (Panama City, Florida) [MB Docket No.: 11-140] received November 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4074. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Standardized and Enhanced Disclosure Requirements for Television Broadcast Licensee Public Interest Obligations; Extension of the Filing Requirement For Children's Television Programming Report (FCC Form 398) [MM Docket No.: 00-168] [MM Docket No.: 00-44] received November 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4075. A letter from the Deputy Chief, CGB, Federal Communications Commission, transmitting the Commission's final rule — Anglers for Christ Ministries, Inc.; New Beginning Ministries; Petitioners Identified in Appendix A; Interpretation of Economically Burdensome Standard; Amendment of Section 79.1(f) of the Commission's Rules; Video Programming Accessibility; [CGB-CC-0005] [CGB-CC-0007] [CG Docket No.: 06-181] [CG Docket No.: 11-175] received November 7, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4076. A letter from the Chief, Broadband Division, Wireless Telecommunications Bureau, Federal Communications Commission, transmitting the Commission's final rule — Implementation of Sections 716 and 717 of the Communications Act of 1934, as Enacted by the Twenty-First Century Communications and Video Accessibility Act of 2010; Amendments to the Commission's Rules Implementing Sections 255 and 251(a)(2) of the Communications Act of 1934, as Enacted by the Telecommunications Act of 1996; Accessible Mobile Phone Options for People who are Blind, Deaf-Blind, or Have Low Vision [CG Docket No.: 10-213] [WT Docket No.: 96-198] [CG Docket No.: 10-145] received November 15, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.